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\*BIBDATASHEET\*

CONFIRMATION NO. 8952

Bib Data Sheet

<b>SERIAL NUMBER</b> 08/455,683	<b>FILING OR 371(c) DATE</b> 05/31/1995 <b>RULE</b> 1.60	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> ARCD:177/WIM
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 08/292,694 08/19/1994 PAT 6,319,686  
 which is a CON of PCT/US94/05747 05/20/1994  
 which is a CIP of 08/147,592 11/05/1993 PAT 6,096,513  
 which is a CIP of 08/100,694 07/30/1993 ABN  
 which is a CIP of 08/066,296 05/20/1993 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 08/08/1995

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>David M</u> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 2
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**TITLE**  
 METHODS OF IDENTIFYING AGONISTS AND ANTAGONISTS OF OPIOID RECEPTORS

<b>FILING FEE RECEIVED</b> 519	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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